



1241 S. Maple Road
Ann Arbor, MI 48103
(734) 995-1233
(734) 995-0190 Fax
www.amerinet.com

November 30, 2018

RE: Waiver Request

Service Provider Name: AmeriNet of Michigan, Inc.

SPIN: 143004987

Contact: Joseph Jouppi

Contact Email: joe@amerinet.com

FRN's: 1699127908, 1699127974, 1699128043

To whom it may concern,

We are requesting an extension of time to invoice the USAC for the above referenced FRN's. When we originally filed our form 474 invoice in 2017, we filed the entire amount for the above FRN's under FRN 169927858. We did not have the correct numbers at that time and only had the FRN 169927858.

We were subsequently paid only \$5,612.40. Our accounts receivable department thought the remaining payment would be made on a later date. When we realized that we were not going to be paid, we then investigated the matter with the USAC and our customer. The USAC representative could not find any additional FRN's under the applicant name. We then contacted the customer. The contact at the customer had changed since we had submitted the invoice and it was difficult and time consuming to track down the correct person and information. We were finally able to come into possession of the FCC Form 471 with the correct FRN's only to realize we need to file this waiver to gain an extension of time to invoice.

If you have any questions, please do not hesitate to call.

Sincerely,

Joseph Jouppi

Controller

FCC Form 474	Do not write in this space.	Approved by OMB OMB Control No. 3060 – 0856 Estimated time per response: 1.0 hour
Schools and Libraries Universal Service Service Provider Invoice FCC Form 474		
Please read instructions before completing		
Service Provider Form Identifier <u>51590</u> (Create an identifier for your own reference)	FCC Form 474 Invoice # <u>2629136</u> (To be inserted by administrator)	
Block 1: Service Provider Information		
1. Service Provider Name AmeriNet of Michigan, Inc.		
2. Service Provider Identification Number (SPIN) 143004987		
3. Contact Person's Name Joe Jouppe		
4. Contact Telephone Number Area Code: 734 Phone Number: 9951233 Ext. 124		
Contact Fax Number Area Code: 734 Fax Number: 9950190		
Contact Email Address joe@amerinet.com		
5. Total Invoice Amount (total of Block 2, Column 13) 25367.68		

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Approved by OMB
OMB Control No. 3060 – 0856

SPIN <u>143004987</u>							
Service Provider Form Identifier <u>51590</u>							
Contact Person <u>Joe Jouppe</u>							
Contact Telephone Number <u>734-9951233 124</u>							
Block 2: Funding Request Number Information							
6. FCC Form 474 Application Number (from Funding Commitment Decision Letter)	7. Funding Request Number (FRN) (from Funding Commitment Decision Letter)	8. Bill Frequency (e.g., Monthly, Quarterly, Annually, One-time, Other)	9. Customer Billed Date (mm/yyyy)	10. Shipping Date to Customer or Last Day of Work Performed (mm/dd/yyyy)	11. Total (Undiscounted) Amount for Service per FRN	12. Discount Rate	13. Amount Billed to USAC (Column 11 multiplied by Column 12)
			For each FRN, there should be an entry in Column 9 or Column 10 but NOT BOTH				
161055177	1699127858	ONE-TIME	06/01/2017		63419.20	40	25367.68
TOTAL REIMBURSEMENT AMOUNT TO BE ENTERED INTO ITEM 5							

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Service Provider Invoice FCC Form 474	
Service Provider Form Identifier <u>51590</u>	
Contact Person <u>Joe Jouppe</u>	
Contact Telephone Number <u>734-9951233 124</u>	
Block 3: Service Provider Certifications & Signature	
I declare under penalty of perjury that the foregoing is true and correct and that I am authorized to submit this Service Provider Invoice Form (FCC Form 474) and acknowledge to the best of my knowledge, information and belief, as follows:	
<input checked="" type="checkbox"/> A. I certify that this Service Provider is in compliance with the rules and orders governing the schools and libraries universal service support program and I acknowledge that failure to be in compliance and remain in compliance with those rules and orders may result in the denial of discount funding and/or cancellation of funding commitments.	
<input checked="" type="checkbox"/> B. I certify that the certifications made on the Service Provider Annual Certification Form (FCC Form 473) by this Service Provider are true and correct.	
<input checked="" type="checkbox"/> C. I acknowledge that failure to comply with the rules and orders governing the schools and libraries universal service support program could result in civil or criminal prosecution by law enforcement authorities.	
14. Signature of authorized person <input checked="" type="checkbox"/>	15. Date 7/12/2017
16. Printed name of authorized person Joe Jouppe	
17. Title or position of authorized person Controller	
18. Telephone number of authorized person 734-9951233 124	
19. Address of authorized person 1241 South Maple Rd. Ann Arbor MI, 48103	

Approved by OMB
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Persons willfully making false statements on this form can be punished by fine or forfeiture, under the Communications Act, 47 U.S.C. Secs. 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. Sec. 1001.

FCC NOTICE FOR INDIVIDUALS REQUIRED BY THE PRIVACY ACT AND THE PAPERWORK REDUCTION ACT

Part 54 of the Commission's Rules authorizes the FCC to collect the information on this form. Failure to provide all requested information will delay the processing of the application or result in the application being returned without action. Information requested by this form will be available for public inspection. Your response is required to obtain the requested authorization.

The public reporting for this collection of information is estimated to range from 1 to 2 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the required data, and completing and reviewing the collection of information. If you have any comments on this burden estimate, or how we can improve the collection and reduce the burden it causes you, please write to the Federal Communications Commission, AMD-PERF, Paperwork Reduction Act Project (3060-0856), Washington, DC 20554. We will also accept your comments regarding the Paperwork Reduction Act aspects of this collection via the Internet if you send them to PRA@fcc.gov. PLEASE DO NOT SEND YOUR RESPONSE TO THIS FORM TO THIS ADDRESS.

Remember – You are not required to respond to a collection of information sponsored by the Federal government, and the government may not conduct or sponsor this collection, unless it displays a currently valid OMB control number or if we fail to provide you with this notice. This collection has been assigned an OMB control number of 3060-0856.

THE FOREGOING NOTICE IS REQUIRED BY THE PRIVACY ACT OF 1974, PUBLIC LAW 93-579, DECEMBER 31, 1974, 5 U.S.C. 552a(e)(3) AND THE PAPERWORK REDUCTION ACT OF 1995, PUBLIC LAW 104-13, OCTOBER 1, 1995, 44 U.S.C. SECTION 3507.

Do not staple the FCC Form 474.

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